Meeting Minutes
Vision Workgroup # 3
Develop a Comprehensive Statewide Integrated Information System
Meeting at the Embassy Suites, Los Angeles
September 22, 1998
5:30 to 8:00 PM

Participants

Data Vision Committee Members
Dr. Angelo Salvucci, Commission Lead
Steve Andriese, Mountain Valley EMS
Ed Armitage, EMSA lead
Barbara Brodfeuhrer, Ventura EMS
Michael Harris, Alameda County EMS
Mike Kassis, OSHPD
Kathy Ord, Long Beach Fire Dept
Richard Watson, Interim Director EMSA
Other Participants
Kristi Koenig, Highland Hospital
Nancy Lapalla, Santa Barbara EMS

Quality Improvement Vision Members
Jan Ogar, Emergency Nurses Assoc. (ENA)
Madeline Bakes, EMSA Lead for QI Vision
Statewide Data Workgroup
Larry Karstead, North Coast EMS
Bruce Kenagy, Contra Costa EMS
Neena Murgai, San Francisco EMS
Jim Schneider, Monterey County EMS
Bonnie Sinz, Los Angeles County EMS

Dick Mayberry, Calif. Prof. Firefighters (CPF)
Franklin D. Prett, LA County Fire

1.   Introductions

Each participant introduced their self and signed their name on the sign-in sheet. Dr. Salvucci indicated that he wanted to use this conference to make sure that progress was being made on the various assignments.

2.   Review and Approval of September 22, 1998 Minutes.

The minutes for the September 16, 1998 conference call were approved as modified at the meeting. The current version of the minutes reflects all changes made during the meeting.

3.   Quality Indicator Vision Committee Report

Jan Ogar gave an update on the progress of the Quality Indicator Vision Committee. She reported that the initial groundwork had been done. Their initial efforts revolved around some core questions such as:

- What is Quality?
- How is it done?
- How do we improve upon results?

She also discussed the NHTSA publication entitled "Emergency Medical Services - Agenda for the Future Implementation Guide", a copy of which was handed out to each meeting attendee.

She reported that:

- We are beginning to use existing systems to do Quality Improvement (QI).

- We are using statewide grants and pointed out the Mountain Valley Quality Indicator project.
- In that study they are going to select 2 to 3 clinical conditions.
- They will be using the Rapid Cycle Improvement process (defined in previous meetings.)
- The QI Vision Committee is going to recommend that a full time position be dedicated to QI and Facilitation at EMSA.
- We need to address the type of data that is available. (There is a lot of data collected, but we don't do much with it.)

4. Subcommittee Reports

Defining Reports - Michael Harris and Steve Andriese

Probably the most discussion of the evening centered on this area. There were a significant number of reports described and their potential benefits. The discussion was fairly rapid, pretty much making it impossible to list all reports described in the minutes, All of the report descriptions will be included in the subcommittee report. In general the reports described are those that will be useful to establish policies to better manage EMS and those that will be useful in setting other policies.

Larry Karsteadt reported that in the EMSC conference there was a presentation by Pat Nickidons from Utah. They have been able to link data in a fashion that we are considering. (I.e. EMS to ER to Hospital then links to other data such as CHP crash data.) Utah is using probabilistic linking as is the California Department of Health Services and is having excellent results. They are using the data to formulate policy. (E.g. Recently legislation was introduced in Utah as a result of this linkage success, which was aimed at the single largest population for which accidents resulted in death -males, aged 16 to 19. The legislation was defeated this year but the point is that it was a data based legislative [i.e. policy] effort.) Larry suggested getting Pat Nickidons out to speak regarding their efforts and successes.

More discussion on the reports contributed by all. Some of the topics were:

- Reports of QI outcome don't need to be patient specific therefore data is related without confidentiality problems.
- National databases that are potential sources of information that have existed for years.
- The report types must be able to loop back and be useful.
- Various parts of the medical community are trying to build databases. (ICU's in CA.)
- Cardiac arrest and Trauma are commonly measured because we can. It is difficult to determine starting points for less obvious problems.
- Need to assess risk adjustments for outcomes. We need to assess what risk adjustments are possible for EMS and ER, but the outcomes are not linear.

Core Data Set - Mike Kassis

- Need to determine the "core data set" (client information for linking data) that you are going to collect.
- There is 4-year-old OSPHD project that focused on data linkages.
- Most people would assume that the classic linkage is SSN, but in some parts of the state it does not work well.
- UCSF Family Outcomes project used birth name, birth date and place, Mother's first name, patient's gender and SSN when other information was validated.
- DHS and DMH are using the same core data set.
- Pilot projects using this linkage are going on in San Diego, Orange and Marin counties.
- Using the five core data set identifiers, OSHPD has achieved 99.8% accuracy in linkage attempts.
- Reported that through SB 1973 OSHPD will require ER's to report common elements and then they will be able to link ER and hospital data. The only major remaining piece is EMS.
- It was pointed out that EMS systems typically do not collect a lot of these data points, but that there is a need to do so.
- Using this type of linkage you will be able to link with disparate data such as the SWITRS (CHP accident data involving injuries) data.
- OSPHD has had success linking to birth and death data, contributing to the amount of data that is available through those existing databases.

Transmission and State Repository - Ed Armitage, Bruce Kenagy and Jay Myhre

Ed Armitage reported using several diagrams, a copy of which is attached. The diagrams showed some examples of overlapping populations and showed the kinds of data that is obtainable through linkage. Essentially the proposal of this work group is to collect data from the EMS providers, typically through the LEMSAs, validate the data and then link the EMS data with other data that is now or soon will be available. The data includes emergency room and hospital data. Once the data has been linked, create a database and return the expanded data to the submitters and make all data available for Quality Improvement studies.

Discussion indicated that there are a number of potentially beneficial databases that could be linked for expanded information including births, deaths and the Public Safety Network (PSN) calls to 911 operators. It is available from PAC Bell at no charge but that only covers about 50% of the 911 calls.

We need to see which would be the logical agency to perform the data linkages. Potentially we can get the data submitted to us, validate it and then ship it off to somewhere else to be "completed". We need to make sure that we have two types of data once it is linked. Public data that is "cleansed" of any data elements that can contain potentially compromising information and the data which will not be released to the public containing the identifying information, which we will preserve for future linkage efforts. Public data includes that which we will give back to the submitting agencies. (providers, LEMSAs)

Data Entry - Bonnie Sinz and Dr. Salvucci

Bonnie reported that she has identified seven different companies and is making a list of them.

EMS Customers - Dr. Salvucci, Jean Homan and Craig Stroup

Craig Stroup identified a fairly lengthy list of EMS customers. Rather than record them in the minutes, Craig agreed to complete the list and e-mail it to all. (Mailed 10-6-98.)

Confidentiality Issue - Jim Schneider

Jim Schneider distributed a couple of handouts, which included OSHPD's confidentiality policy and a memorandum from Monterey County Health Department addressing Confidentiality of EMS data. (I am trying to get a copy of this electronically to disseminate. - Ed)

Jim has been working on this for 2 years with Monterey County. He advised creating a policy first and then addressing the practices and procedures associated with that policy. One of the most important issues is proposed in the question "How do we address the conflict of the public records act and requirements for confidentiality." He also expressed the desire for the state to take the lead in this area.

Other areas of discussion:

- HCFA is supposed to adopt regulations, which may impact EMS practices in the transmission of data at the state level. Information is available at their web site www.hcfa.gov .
- There is a difference between security and confidentiality but the two are related. To date most regulations are pointing to security, not specifics on confidentiality.
- Recommendation to follow the direction OSHPD has already taken recognizing that it is our duty to disseminate information to the public but that we must protect patient confidentiality.

Data Linkage - Neena Murgai, Mike Kassis and Dr. Salvucci

Neena Murgai reported that as a group they had agreed upon a lot of issues such as:

- The need to link data;
- The need to identify alternative data sources to link;
- The need to take the linkage discussion to the next step - discussion of the "core data set";
- We should be able to link our data to things like hospital discharge, death, cancer and Medicare data;
- The need to perform this linkage at the state level;

- The need to be able to partner with a variety of entities, public and private; and
- The need to protect the confidentiality of the data.

General consensus is that the data linkage specifications do not need to be addressed at this point. We need to get a list of the various databases that are available and determine how to link them, once a need for the linkage has been agreed upon.

In almost all areas where data was mentioned there were one or more suggestions to adopt the NHTSA standard data set.